FORM D UNITED STATES SECURITIES AND EXCHANGE COMMISSION RECEIVED Washington, D.C. 20549 FORM D 2007 NOTICE OF SALE OF SECURITIES



SEC USE ONLY

PURSUANT TO REGU SECTION 4(6), A	ND/OR	Prefix	Serial
UNIFORM LIMITED OFFER	ING EXEMPTION	DATE REC	CEIVED
Name of Offering (check if this is an amendment and name has changed, and	indicate change.)		
Filing Under (Check box(es) that apply): Rule 504 Rule 505	Rule 506 □ Se	ection 4(6) 🔲 UL	OE
Type of Filing: 🗷 New Filing 🗆 Amendment			
A. BASIC IDENTIFICAT	ION DATA		····
1. Enter the information requested about the issuer			
Name of Issuer (check if this is an amendment and name has changed, and in National Coal Corp.	dicate change.)		
Address of Executive Offices(Number and Street, City State, Zip Code) 8915 George Williams Road, Knoxville, TN 37923	Telephone Number (I 865.769.3749	ncluding Area Code)
Address of Principal Business Operations(Number and Street, City State, Zip Co (if different from Executive Offices)	de) Telephone Number (I	ncluding Area Code)
Brief Description of Business	<u> </u>		
Energy resources		PROCES	12.0°
Type of Business Organization			
☐ limited partnership, already formed	/	C MAR 292	כתם
☐ business trust ☐ limited partnership, to be formed	other (please specify):	MAR 2 9 2 THOMSOI FINANCIAI	N.
Actual or Estimated Date of Incorporation or Organization: Month Yea 0 8 9			ſ
Jurisdiction of Incorporation of Organization: (Enter two-letter U.S. Postal Servi	e abbreviation for State:		
CN for Canada; FN for other foreign juris	diction)	FL	

GENERAL INSTRUCTIONS:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such

exemption is predicated on the filing of a federal notice.
A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years:
•
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity
securities of the issuer;
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
· · · · · · · · · · · · · · · · · · ·
Nix, John Puringer of Parishan Address (Number and Street City, State 7 in Code)
Business or Residence Address (Number and Street, City, State, Zip Code)
8915 George Williams Road, Knoxville, TN 37923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Love, T. Michael
Business or Residence Address (Number and Street, City, State, Zip Code)
8915 George Williams Road, Knoxville, TN 37923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Kite, Charles
Business or Residence Address (Number and Street, City, State, Zip Code)
8915 George Williams Road, Knoxville, TN 37923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Davis, Joseph
Business or Residence Address (Number and Street, City, State, Zip Code)
8915 George Williams Road, Knoxville, TN 37923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Heinlein, Robert
Business or Residence Address (Number and Street, City, State, Zip Code)
8915 George Williams Road, Knoxville, TN 37923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Scott, Kenneth
Business or Residence Address (Number and Street, City, State, Zip Code)
8915 George Williams Road, Knoxville, TN 37923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Filstrup, Scott
Business or Residence Address (Number and Street, City, State, Zip Code)
8915 George Williams Road, Knoxville, TN 37923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Crestview Capital Master, LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
95 Revere Drive, Suite A, Northbrook, IL 60062
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Stewart and Jennifer Flink
Business or Residence Address (Number and Street, City, State, Zip Code)
170 Crestview, Deerfield, IL 60015

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years:
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity
securities of the issuer;
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Jenco Capital Corporation
Business or Residence Address (Number and Street, City, State, Zip Code)
3127 Keller Bend Road, Knoxville, TN 37922
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Nancy Hoyt Revocable Trust
Business or Residence Address (Number and Street, City, State, Zip Code)
1953 N. Howe Street, Chicago, IL 60614 Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner
Full Name (Last name first, if individual)
North Sound Legacy International, ltd.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o North Sound Capital LLC, 63 Forest Avenue, Suite 202, Old Greenwich, CT 06870
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Gerald Malys
Business or Residence Address (Number and Street, City, State, Zip Code)
8915 George Williams Road, Knoxville, Tn 37923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Daniel Roling
Business or Residence Address (Number and Street, City, State, Zip Code)
8915 George Williams Road, Knoxville, Tn 37923
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Chack Box(as) that Apply:
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
This raine (Last name 115t, it morridual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

B. 1	NFOR	MATION	N ABOUT	OFFERIN	G								_	
											···	Y	es .	No
1.	Has the	e issuer s	old, or doe	s the issuer	intend to s									X
_											ULOE			
2.	What i	is the mir	imum inve	stment that	will be acc	epted from	any individ	ual?		•••••	•••••	\$	<u>N/</u>	<u>A</u>
	_											3	res l	Vo
3.				oint owners									ם כ	X
				ested for ea										
											the offering			
											or with a sta			
				ne broker o y set forth t						ssociated pe	rsons of suc	h		
Full			ne first, if i		ne morma	tion for that	oroker or	dealer only	<u>: </u>				N/A	
1.011	Maine (וופוו ופארו	ie 1118t, 11 1	nutviduai)										
Buei	ness or	Residenc	e Address	(Number ar	d Street C	Stor Chara 7	Zim Code		·			-		
Dua	11000 01	Resident	c Addicss	(Number at	n ancei, C	Hy, State, A	cip Code)							
Nam	ne of As	sociated	Broker or I	Dealer		.								
. 1411	01 /13		DIONULUI 1	Jeans			•							
State	e in Wi	hich Pers	on Listed L	las Solicited	d or Intend	to Colinit I								
				ndividual S			ruichasers							
(O.		[AK]	[AZ]	[AR]			(CT)	(TSE)	(DC)	F 27 3				
[1]	-	[IN]	(IA)	[KS]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		IDI
[M	_				[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]		MOJ
[R	_	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	{	PR]
ruii	Name (Last nam	e first, if in	ndividual)										
Buci	ness or	Decidenc	e Address	(Number an	od Stroot C	ia. Santa 7	Zin Cin day							
ונטטו	ness of	Residenc	c Audiess	inumber an	iu street, C	ity, state, z	Cip Code)							
Nam	e of As	sociated 1	Broker or I	 Dealer	_	·		 -						_
- 10411	ic of Ats	Sociated)	DIOKCI OI I	Jealei Jealei										
State	s in Wh	ich Perse	on Listed H	as Solicited	or Intends	to Colicit E	Durahasara	(Charle * Al	1 Cararil	-1-1-2	vidual States			
[A]		[AK]	[AZ]	[AR]	(CA)	(CO)	[CT]					•		
[11]		[IN]	[IA]	[KS]	[KY]	[LA]		[DE]	[DC]	[FL]	[GA]	[HI]		IDJ
[M]	_	[NE]	[NV]	[NH]	[NJ]		[ME]	[MD]	[MA]	[MI]	[MN]	[MS]		MOJ
[R	-	(SC)	[SD]			[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)		PA]
			e first, if in	(TN)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				Number an	d Street C	. C					·			
Dust	1103 01	restuenc	c Addiess (Nulliber all	a street, C	ity, State, Z	up Code)							
Nam	e of Ass	sociated 1	Broker or D)ealer										
114111	c or As	socialcu i	DIOKEL OF L	Calci										
State	s in Wh	ich Perso	on Listed U	as Solicited	or Intende	to Colinia D	hisabassa	(Charle HAT			•• • -			
[A]		[AK]	[AZ]								idual States			
[וג		[IN]		[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ſ	ID]
[M			[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[]	(ON
		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[3	PA)
[R	r)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	ſŴŶĬ	n	PRI

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		\$ 13,950,000
	☑ Common □ Preferred	4_12,220,000_	Ψ 15,550,000
	Convertible Securities (including warrants)	¢	e.
		\$	\$
	Other (Specify)	<u>a</u>	\$
	Total	\$	\$
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>13,950,000</u>	\$ 13,950,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	_	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agents Fees	r	¬ ¢
	Printing and Engraving Costs		□ \$
	Legal Fees		3 \$
	Accounting Fees		2 \$ 20,000
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)] \$
	Total		
		is in the second	የያ የ ማስ በበሰ

	and the total expenses furnished in response	te offering price given in response to Part C - Question 1 to Part C - Question 4.a. This difference is the "adjusted				13,930,000
,	ach of the purposes shown. If the amount	oss proceeds to the issuer used or proposed to be used for for any purpose is not known, furnish an estimate and the total of the payments listed must equal the adjusted sonse to Part C - Question 4.b above.				
				Payments to Officers, Directors, & Affiliates		Payments to Others
						\$
	Purchase of real estate			\$. 🗆	\$
	Purchase, rental or leasing and installati	on of machinery and equipment		\$		
	Construction or leasing of plant building] \$			
		ng the value of securities involved in this offering that or securities of another issuer pursuant to a merger)		\$	_ 🗆	\$
	Repayment of indebtedness			\$	_ 🗆	\$
	Working capital			\$		\$ 13,930,000
	Other (specify):			\$	_ ۵	\$
		·		\$	_ 🗆	\$
	Column Totals			\$	X	\$ 13,930,000
	Total Payments Listed (column totals ac	ided)		\$	13,	930,000
		D. FEDERAL SIGNATURE		<u> </u>		
sig	ature constitutes an undertaking by the issu-	ned by the undersigned duly authorized person. If this no er to furnish to the U.S. Securities and Exchange Commi accredited investor pursuant to paragraph (b)(2) of Rule	ssic	n, upon written r		
Issi	er (Print or Type)	Signature		Date	-	
NA	TIONAL COAL CORP	THE TOUR		March 15,	2007	,
	ne of Signer (Print or Type)	Title of Signer (Prim or Type)				
Na:	Michael Love	Chief Financial Officer				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE				
1.	Is any party described in 17 CFR provisions of such rule?	tion Yes No □ 🖾				
2.	(17 CFR 239,500) at such times	as required by state law.	state in which this notice is filed, a notice on Form D			
3.	offerees.		written request, information furnished by the issuer to			
4.	Offering Exemption (ULOE) of the	s that the issuer is familiar with the conditions that ne state in which this notice is filed and understands t it these conditions have been satisfied.	must be satisfied to be entitled to the Uniform limited hat the issuer claiming the availability of this exemption			
	ter has read this notification and knowed person.	ows the contents to be true and has duly caused this n	otice to be signed on its behalf by the undersigned duly			
Issuer	(Print or Type)	Signature	Date			
NAT:	IONAL COAL CORP.	7744	March 15, 2007			
Name	of Signer (Print or Type)	Title of Signer (Print or Type)				
T. M	ichael Love	Chief Financial Officer				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

	,			A	PPENDIX						
1		2	3		4						
	Intend to s accredited State(Part	investors in	Type of security and aggregate offering price offered in state(Part C - Item 1)	Type of	Type of investor and amount purchased in State(Part C-Item 2)						
State	Yes No		Common Stock s	Number of Accredited Amount Non-Accredited Investors Investors			Amount	Yes	No No		
AL	<u></u>							-	1.		
AK							<u> </u>		-		
ΑZ								 	 		
ΛR		,,,, <u>-</u>						+			
CA								-			
СО						<u> </u>		 			
СТ											
DE			-					 	<u> </u>		
DC								†	 		
FL								 			
GA					1				 		
HI				- 				<u> </u>	 -		
ID				T				<u> </u>			
IL											
IN					<u> </u>			-	<u> </u>		
IA		-						 	 -		
KS								<u> </u>			
KY			-				<u> </u>	-	ļ 		
LA								 			
ME											
MD							· · · · · · · · · · · · · · · · · · ·		-		
MA								 -			
Ml							·				
MN			-					 			
MS					•						
мо				· · · · · · · · · · · · · · · · · · ·				ļ			
МТ		.=									
NE			<u>-</u>				.	 			
NV	-				· · · · · · · · · · · · · · · · · · ·						
NH					_				·		
NJ											
	<u> </u>			·							

•	•			AI	PPENDIX				· · · · · · · · · · · · · · · · · · ·	
1		2	3		5					
	accredited	sell to non- investors in B-Item 1)	Type of security and aggregate offering price offered in state(Part C - Item 1)	Type of	Type of investor and amount purchased in State(Part C-Item 2)					
State	Yes	Yes No Common Stock s Number of Accredited Amount Non-Accredited Amount Investors		Yes	No					
NM							II.			
NY										
NC				***************************************						
ND										
ОН								_		
ок										
OR										
PA										
RI										
SC										
SD										
TN		X	х	1	200,000	0	0		X	
TX										
UT										
VT										
VA				- '						
WA		X	х	2	2,800,000	0	0		X	
wv										
WI										
WY	 									
PR		 								

